

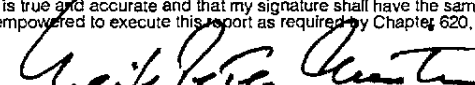


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # A18701 1. Entity Name EAST COAST FUNDING, LTD.					
Principal Place of Business 789 S. FEDERAL HIGHWAY, SUITE #304 STUART, FL 34994			Mailing Address P.O. BOX 3000 STUART, FL 34995		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01152004 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-2469144	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHRISTENSON, NEILS P 789 S. FEDERAL HWY, #304 STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CHRISTENSON, NEILS P		CITY-ST-ZIP		
STREET ADDRESS	789 S FEDERAL HWY #304				
CITY-ST-ZIP	STUART, FL				
DOCUMENT #	G70674		STREET ADDRESS		
NAME	CHRISTENSON & ASSOCIATES. MORT. CO. ✓		CITY-ST-ZIP	0000000070201	
STREET ADDRESS	789 S FEDERAL HWY #304			02/29/04-80019-014 141.25	
CITY-ST-ZIP	STUART, FL				
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Neils Peter Christenson 1/26/04 772 287 3100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE